

1 EDMUND G. BROWN JR.
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 HELENE E. SWANSON
Deputy Attorney General
4 State Bar No. 130426
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 620-3005
6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 2010-238

11 **AGNES PANGANIBAN DALMACIO**
12 **245 N. Alvarado Street, #312**
Los Angeles, CA 90026
13 **Registered Nurse License No. RN 692322**

A C C U S A T I O N

14 Respondent.

15
16 Complainant alleges:

17 **PARTIES**

18 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
19 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
20 of Consumer Affairs.

21 2. On or about November 13, 2006, the Board of Registered Nursing issued Registered
22 Nurse License Number RN 692322 to Agnes Panganiban Dalmacio (Respondent). The
23 Registered Nurse License was in full force and effect at all times relevant to the charges brought
24 herein and will expire on December 13, 2010, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board of Registered Nursing (Board),
27 Department of Consumer Affairs, under the authority of the following laws. All section
28 references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline
2 any licensee, including a licensee holding a temporary or an inactive license, for any reason
3 provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

4 5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
5 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
6 licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the
7 Code, the Board may renew an expired license at any time within eight years after the expiration.

8 6. Section 2761 of the Code states:

9 "The board may take disciplinary action against a certified or licensed nurse or deny an
10 application for a certificate or license for any of the following:

11 "(a) Unprofessional conduct, which includes, but is not limited to, the following:

12 "(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing
13 functions."

14 7. Section 2762 of the Code states:

15 "In addition to other acts constituting unprofessional conduct within the meaning of this
16 chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this
17 chapter to do any of the following:

18
19 "(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in
20 any hospital, patient, or other record pertaining to the substances described in subdivision (a) of
21 this section."

22 8. California Code of Regulations, title 16, section 1442, states:

23 "As used in Section 2761 of the code, 'gross negligence' includes an extreme departure from
24 the standard of care which, under similar circumstances, would have ordinarily been exercised by
25 a competent registered nurse. Such an extreme departure means the repeated failure to provide
26 nursing care as required or failure to provide care or to exercise ordinary precaution in a single
27

1 situation which the nurse knew, or should have known, could have jeopardized the client's health
2 or life."

3 9. California Code of Regulations, title 16, section 1443, states:

4 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the
5 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and
6 exercised by a competent registered nurse as described in Section 1443.5."

7 10. California Code of Regulations, title 16, section 1443.5 states:

8 "A registered nurse shall be considered to be competent when he/she consistently
9 demonstrates the ability to transfer scientific knowledge from social, biological and physical
10 sciences in applying the nursing process, as follows:

11 "(1) Formulates a nursing diagnosis through observation of the client's physical condition
12 and behavior, and through interpretation of information obtained from the client and others,
13 including the health team.

14 "(2) Formulates a care plan, in collaboration with the client, which ensures that direct and
15 indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and
16 for disease prevention and restorative measures.

17 "(3) Performs skills essential to the kind of nursing action to be taken, explains the health
18 treatment to the client and family and teaches the client and family how to care for the client's
19 health needs.

20 "(4) Delegates tasks to subordinates based on the legal scopes of practice of the
21 subordinates and on the preparation and capability needed in the tasks to be delegated, and
22 effectively supervises nursing care being given by subordinates.

23 "(5) Evaluates the effectiveness of the care plan through observation of the client's physical
24 condition and behavior, signs and symptoms of illness, and reactions to treatment and through
25 communication with the client and health team members, and modifies the plan as needed.

26 "(6) Acts as the client's advocate, as circumstances require, by initiating action to improve
27 health care or to change decisions or activities which are against the interests or wishes of the
28

1 client, and by giving the client the opportunity to make informed decisions about health care
2 before it is provided."

3 COST RECOVERY PROVISION

4 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
5 administrative law judge to direct a licensee found to have committed a violation or violations of
6 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
7 enforcement of the case.

8 SUMMARY OF FACTS

9 Patient A.A.

10 12. On or about January 3, 2008, while employed as a registered nurse at the Good
11 Samaritan Hospital (Good Samaritan) in Los Angeles, Respondent was assigned to care for
12 Patient A.A. Patient A.A. was admitted for treatment and evaluation of cardiac problems which
13 included diagnostic tests and cardiac surgery, subsequent to two "syncopal" episodes involving
14 chest pain and a loss of consciousness. On or about January 3, 2008, Good Samaritan's pharmacy
15 generated a daily Medication Administration Record (MAR) for Patient A.A., listing Heparin, an
16 anticoagulant used to prevent intravascular coagulation during open heart surgical procedures, as
17 one of the patient's medications ordered by A.A.'s treating physician. The MAR indicated that a
18 dose of 25,000 units/ 250ML was to be administered by IV, at 100 units/ML, and that the nurse
19 was to follow Good Samaritan's operating policies for the safe administration of intravenous
20 medications.

21 13. On or about January 3, 2008, Respondent erred in calculating the amount of Heparin
22 to administer to Patient A.A. Instead of giving the patient 2,800 units of Heparin, Respondent
23 administered 28 cc which equaled 28,000 units of Heparin (28 cc of 1,000 units/cc of Heparin), or
24 10 times the amount of medication which should have been given. The Charge Nurse discovered
25 the error when she found three empty vials of Heparin and questioned Respondent about them.
26 Respondent indicated that she had given the patient a 28,000 unit bolus, not the 2,800 unit bolus
27 that should have been given. Respondent admitted that she gave 28cc of Heparin because she
28 thought the same unit on the drip calculation applies to the bolus.

1 14. In addition, Respondent did not bar code the medication because there was only a
2 drip entered and she had not done this before. An investigation revealed that Respondent had also
3 erred in entering the patient's admission weight as 54.7 kg, and using this weight to calculate how
4 much Heparin to administer, instead of using the patient's actual weight of 92.3 kg to calculate
5 the dosage of Heparin. Furthermore, Respondent compounded her medication errors by failing to
6 inform the day shift nurse who was relieving her about the mistake, thus failing to put patient
7 safety first, and preventing the day shift nurse from monitoring Patient A.A. for any signs of
8 hemorrhaging due to receiving an excessive amount of Heparin.

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Gross Negligence and/or Incompetence)**

11 15. Respondent is subject to disciplinary action under section 2761, subdivision (a)(1) on
12 the grounds of unprofessional conduct, in that Respondent committed acts of gross negligence
13 and/or incompetence, within the meaning of California Code of Regulations, title 16, sections
14 1442, 1443 and 1443.5, involving the treatment of Patient A.A. The circumstances are as
15 described in paragraphs 12-14 above, which are incorporated herein by reference, and as follows:

16 a. On or about January 3, 2008, Respondent was grossly negligent in that she
17 failed to accurately calculate and administer the correct dose of intravenous Heparin medication
18 to Patient A.A. Respondent erroneously gave the patient a high dose of Heparin that was 10
19 times the amount which was supposed to have been administered. Also, Respondent erroneously
20 failed to use the patient's actual weight as a basis for calculating the dosage of medication, and
21 she failed to properly bar code scan the medication according to Good Samaritan's policies which
22 were in affect at that time.

23 b. Respondent was also grossly negligent and incompetent in that she failed to
24 advise the day shift nurse of her medication error so that the nurse would know that she needed to
25 closely monitor the patient for any signs of bleeding or other symptoms which might be due to an
26 excessive dose of Heparin.

27 //

28 //

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Making Grossly Incorrect Entries in Hospital Records)**


3 16. Respondent is subject to disciplinary action under sections 2761 and 2762,
4 subdivision (e) of the Code on the grounds of unprofessional conduct, in that Respondent made
5 grossly incorrect entries in Patient A.A.'s hospital records. The circumstances are as described in
6 paragraphs 13-15 above, which are incorporated herein by reference.

7 **PRAAYER**

8 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
9 and that following the hearing, the Board of Registered Nursing issue a decision:

- 10 1. Revoking or suspending Registered Nurse License Number RN 692322, issued to
11 Agnes Panganiban Dalmacio Agnes Panganiban Dalmacio;
12 2. Ordering Agnes Panganiban Dalmacio to pay the Board of Registered Nursing the
13 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
14 Professions Code section 125.3; and
15 3. Taking such other and further action as deemed necessary and proper.

16
17
18 DATED: 11/2/09


LOUISE R. BAILEY, M.Ed., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

19
20
21
22 LA2009604134
23 60474830.doc
24
25
26
27
28